

CITY OF YORK APPLICATION FOR UTILITY SERVICES

CITY OF YORK * 10 N. ROOSEVELT STREET * PO BOX 500 * YORK, SC 29745 * P:(803) 684-2341 * WWW.YORKSC.GOV

		UTILITY	FEES REQUIRED		
Connection Service Fee:		(Non-Refundable)	Homeowners / Renters		
Rental Security Deposit:	\$150.00	(Refundable)	Renters only		
Proof of Ownership Lease		SS Card	SS4 (Businesses only)	W-9 FORM	Picture ID
TODAY'S DATE:		<u> </u>	TRANSFER DEPOSIT FROM AC	COUNT#	
		PLEASE P	RINT CLEARLY		
CUSTOMER NAME:					
LANDLORD / PROPERTY OWN	ER: (Renters	only)			
CUSTOMER CONTACT PHONE	NO:			CELL	WORK HOME
CUSTOMER EMAIL:					
SERVICE ADDRESS:					
BILLING ADDRESS (If different from	n service)				
SOCIAL SECURITY NUMBER:			EIN#		
DRIVERS LICENSE # OR ID#			STATE		
CONNECTION DATE:			DATE OF BIRTH		
		[AUTO DRAFT		
BANK NAME:					
DANK ACCOUNT NO.			DOLITING NO.		
BANK ACCOUNT NO:			ROUTING NO:		
AUTO DRAFT START DATE:	SE DE ADVIS	ED: Bank drafts: 11 ±	ake 4-6 weeks to process a	nd drafts to book-1	
(PLEA	JE DE ADVISI	-	ake 4-6 weeks to process al DIDED check for bank info)	iu arajis to beginj	
By signing this Application	for Utility Se	ervice, the applicant	agrees to pay all cost of co	ollection of the ap	olicant's unpaid bills.
Applicant is responsible for Disconnection Request". The Cit and owed by the applicant thro the applicant through the 'Setof including fees charged by the D York chooses to pursue debts in manner as well.	y of York has ugh offset of f Debt Collec epartment o a manner o	the right, pursuant the applicant's state tion Act', the applica frevenue, the Municater than setoff, the	o the 'South Carolina Setof) income tax refund. If the C nt agrees to pay ALL fees a ipal Association of South Co	f Debt Collection A City of York chooses nd costs incurred t arolina, and/or the costs and fees ass	ct', to collect any sum due s to pursue debts owed by hrough the setoff process, c City of York. If the City of ociated with the selected
<u>Please Note:</u> Disconnection R Disconnection Request. Billing ru be responsible for ALL usage and CUSTOMER SIGNATURE:	ins from app	roximately the 10th o	of the prior month to the 10	Oth of the current n	nonth. Applicant agrees to
FOR UTILITY BILLING ONLY:					